

## **MONITORING TOOL 3**

## UI EO COMPLIANCE REVIEW PLAN

|       |   |                         |       |
|-------|---|-------------------------|-------|
| I.    | DATE OF INITIAL CONFERENCE<br>WITH OFFICE MANAGER   | <hr/>                   |       |
| II.   | TEAM MEMBERS  | <hr/> <hr/>             |       |
| III.  | LOCAL OFFICE: NAME<br>MANAGER<br>ADDRESS<br>TELEPHONE NUMBER  | <hr/> <hr/> <hr/> <hr/> |       |
| IV.   | DEMOGRAPHICS;;<br><br>Total population (by race/ethnic categories)<br>Civilian Labor Force (by race/ethnic categories)<br>Unemployment Rate (by race/ethnic categories) |                         |       |
| V.    | OBSERVATONS   | TEAM MEMBER             | DATE  |
|       | A. Facilities   | <hr/>                   | <hr/> |
|       | 1. Posters, notices & pamphlets   | <hr/>                   | <hr/> |
|       | 2. Program accessibility  | <hr/>                   | <hr/> |
|       | B. Activities   | <hr/>                   | <hr/> |
|       | 1. Reception  | <hr/>                   | <hr/> |
|       | 2. Claimstaking   | <hr/>                   | <hr/> |
|       | 3. Fact Finding Interviews  | <hr/>                   | <hr/> |
| VI.   | ANALYSES OF RECORDS   |                         |       |
|       | A. History  | <hr/>                   | <hr/> |
|       | B. Nonmonetary Determinations   | <hr/>                   | <hr/> |
|       | C. Appeals Records  | <hr/>                   | <hr/> |
|       | D. ES Registration Forms  | <hr/>                   | <hr/> |
|       | E. Complaint Records  | <hr/>                   | <hr/> |
| VII.  | CONCLUDING ONSITE REVIEW  |                         |       |
|       | Exit Conference   | <hr/>                   | <hr/> |
| VIII. | WRITTEN REPORT RE FINDINGS BY:  |                         |       |
|       | <hr/>   |                         |       |
|       | (Date)  |                         |       |

# IN-PERSON CLAIMANT QUESTIONNAIRE

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

| QUESTIONS  | YES | NO  | COMMENTS |
|--|-----|-----|----------|
| 1. Have you been referred to any job or another agency for services?   | ___ | ___ | _____    |
| 2. Have you been tested or received counseling?  | ___ | ___ | _____    |
| 3. Does the office have notices posted explaining how to file a complaint if you feel you have been discriminated against? | ___ | ___ | _____    |
| 4. Were you treated courteously during your visit by employees of this office? If not, please comment.                     | ___ | ___ | _____    |
| 5. Were you serviced in your proper turn and received courteous attention?   | ___ | ___ | _____    |
| 6. Were instructions and information given to you in language you could understand?  | ___ | ___ | _____    |
| 7. Were you given ample time to file your claim and ask questions, if any?   | ___ | ___ | _____    |
| 8. If you asked questions, were they answered fully and satisfactorily?  | ___ | ___ | _____    |
| 9. Do you feel that your rights and responsibilities were adequately explained?  | ___ | ___ | _____    |
| 10. Were you informed of employment opportunities?   | ___ | ___ | _____    |
| 11. Were you informed of training opportunities?   | ___ | ___ | _____    |
| 12. How many times have you visited the employment services office?  |     |     |          |
| a. 0-1   |     |     |          |
| b. 1-10  |     |     |          |
| c. 10 or more  |     |     |          |
| 13. How would you rate the quality of services provided by the employment services office?                                 |     |     |          |
| a. Good  |     |     |          |
| b. Fair  |     |     |          |
| c. Poor  |     |     |          |
| 14. What is the reputation of the employment services office in the community?   |     |     |          |
| a. Good  |     |     |          |
| b. Fair  |     |     |          |
| c. Poor  |     |     |          |